

Leopold Nursing Home Limited

Leopold Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Requires improvement



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service on 12 January 2015. The service was rated as inadequate. Breaches of legal requirements were found. These related to medicines, staffing levels, staff training and support, how people were treated with respect and dignity and how people's consent was obtained. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We also found that the service required improvements in how they ensured the care and welfare of people who used the service and how the service ensured that they were

providing a good quality service. We issued warning notices and told the provider when they should make improvements by 16 March 2015. We undertook a focussed inspection on 13 April 2015 and found improvements had been made and that the provider needed to, sustain these improvements over time and to independently identify shortfalls and take appropriate and timely action to address them.

Summary of findings

Leopold Nursing Home provides accommodation, nursing and personal care for up to 32 older people, some people are living with dementia. There were 19 people living in the service when we inspected on 24 September 2015. This was an unannounced inspection.

Although some improvements had been made we found multiple breaches of regulation that affected the well-being of people using the service.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The leadership of the service was not robust enough to independently identify and address shortfalls. There had been some improvements which were ongoing but these were not made in a timely manner to ensure people were provided with a good quality service at all times.

There had been some improvement made in staff training. However, further improvements were needed, staff did not know enough about people or the care they needed to ensure that they received consistent and safe care at all times.

People's privacy was not always respected.

Improvements were needed in how support and equipment were provided to people to maintain their independence, choice and cultural needs when eating and drinking.

People who were upset by others living in the service were not supported by staff to reassure them. In addition to this appropriate action was not taken to advise people on how their actions could upset others.

People's care records had been reviewed and updated, however further improvements were required.

There were now appropriate arrangements in place to ensure people were provided with their medicines safely and when they needed them.

There were sufficient numbers of staff to meet people's needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty (DoLS) which applies to care homes. Staff had been provided with training in Mental Capacity Act 2005 (MCA) and DoLS. The systems in place to obtain and act in accordance with people's consent had been improved to respect people's rights and choices.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risks to people's welfare were assessed. Staff knew how to keep people safe from harm. However, people were not protected from the risks of emotional harm from others using the service.

There were now enough staff to meet people's needs.

People were provided with their medicines safely and when they needed them.

Requires improvement



Is the service effective?

The service was not effective.

Some improvements had been made in providing staff with the training and support they needed to meet the needs of the people who used the service. However, further improvements were needed, for example to ensure that people living with dementia were supported effectively.

The Deprivation of Liberty Safeguards (DoLS) were implemented when required. Systems had improved to obtain and act on people's consent.

Some improvements were made in how people's nutritional needs were being assessed and met. However, further improvements were needed in how people's independence was promoted and supported when eating and drinking and how the menu was planned.

People were supported to maintain good health and have access to health professionals when needed.

Inadequate



Is the service caring?

The service was not consistently caring.

Staff interacted with people in a caring manner, however they had not addressed how the actions of others could impact on their emotional wellbeing.

Improvements were needed in how people's privacy was promoted and respected.

People and their relatives were involved in making some decisions about their care.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

Improvements were needed in how people's care was planned and provided.

Requires improvement



Summary of findings

People's complaints were addressed in a timely manner and actions were taken to reduce the risks happening again.

Is the service well-led?

The service was not well-led.

Some improvements had been made in the quality assurance system, however, they were not robust enough to independently identify shortfalls and address them.

Inadequate



Leopold Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook this comprehensive inspection on 24 September 2015 to check that improvements had been sustained from previous inspections on 12 January 2015 and 13 April 2015. We also wanted to see if the service had independently identified shortfalls and were taking action to address them.

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. The Expert by Experience had experience of older people and people living with dementia.

We reviewed the previous inspection reports to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about

the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 10 people who were able to verbally express their views about the service and three people's relatives/visitors. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with five members of staff, including the registered manager, nursing and care staff. We looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Prior to our inspection we had received concerns about the service provided; these had been reported to and investigated by the local authority. The local authority had kept us updated with the support that they were providing to the service to assist them to improve the care and support provided to people. During our inspection we looked to see what action had been taken as a result of these concerns.

Is the service safe?

Our findings

Our previous inspection of 12 January 2015 found that improvements were needed to ensure that there were sufficient staff numbers to meet people's needs safely, how the service kept people safe and how people were supported with their medicines. During our focussed inspection of 13 April 2015 we found that improvements had been made through the introduction of new and improved systems. At this inspection of 24 September 2015 we checked that these improvements had been embedded and sustained over time to ensure people are provided with a consistently safe service.

Our observations and comments from a relative raised some concerns about how the service managed situations where people may be aggressive or show signs of frustration with other people using the service. The registered manager was able to explain how they had addressed an issue between two people intending to reduce the chance of them happening again which included seeking support and guidance from other health care professionals and changing the seating arrangements for one person. They showed us records to confirm what they had told us. We discussed the appropriateness of moving one person from the chair where they usually sat in the company of their friends. These measures had not been effective, following our inspection visit we were notified by the service that another incident had occurred to which the police were called. We saw that one person continually told another to, "Shut up," and, "Be quiet." Each time the person looked down and stopped smiling. At no point did any staff member intervene and reassure either of the people. The signs of them becoming anxious were not addressed and incidents of aggression had not been appropriately managed to ensure that people felt safe in their home. There were no clear strategies that could be shared with us that demonstrated how these situations were being managed.

Most staff had been provided with training in safeguarding adults from abuse and understood their responsibilities in reporting concerns to the local authority who were responsible for investigating. The registered manager told us that a plan was in place for this training to be delivered. The registered manager spoke with us about safeguarding concerns since our last inspection and about the improvements put into place to reduce the risks of similar

issues happening. These included speaking with staff about their work practice to ensure people were safe and appropriate information was passed to other professionals when people were transferring between services, including the hospital. Documentation in place for this was shown to us.

People told us that they felt safe in the service. One person said, "Yes indeed, I feel safe. The staff are fantastic. They keep us alive." Another person commented, "Safe, oh yes, it's good to know they're [staff] there. They look in on me at midnight and 4am, just to check I'm okay." Another person said, "I feel very safe, I can go to bed at night without any worries and drop off to sleep straight away." A fourth person said that they felt safer since the security camera had been installed, "That's how it should be, know who is visiting." A person's relative told us that they felt that the person was safer living in the service and had reduced falls since moving in.

A tool had been introduced prior to our last inspection of 13 April 2015. This was used to monitor the risks of pressure ulcers developing and when action should be taken to minimise these risks. It was completed on a regular basis and included any changes in people's wellbeing relating to pressure ulcers developing. Where changes in people's skin condition were noted action was taken to reduce the risks, including seeking support from health professionals.

We saw staff assisting people to mobilise into an arm chair using hoist equipment in a safe manner. People told us that they felt safe when mobilising using equipment, such as their walking frame or hoist. One person commented, "I feel quite safe in their hands, I wouldn't let them if they didn't help me safely." Care records included risk assessments which identified how the risks in people's daily living, including the use of mobility equipment, accidents and falls, nutrition and pressure area care and prevention, were reduced. Where discussion with the home about risks was concerned all people's visitors said they were able to share any concerns with the service.

Consideration had been taken to ensure that risks were minimised by using appropriate tools and equipment. For example we saw that the floor in one person's bedroom had been thoroughly washed and appeared wet and shiny. A domestic member of staff was able to demonstrate that the cleaning product used was non-slip and upon checking, this was proved to be true. Therefore risks of people falling on freshly cleaned floors were minimised.

Is the service safe?

People told us that there were enough staff to provide them with assistance when needed and that call bells were answered promptly, when there were times they had to wait, this was not excessive. One person said, “You have to wait a few minutes if they’re doing something, but most times its okay. I think there’s enough certainly for me.” Another person commented, “Occasionally there’s a delay, but they come as quick as possible.” Another person told us, “Oh yes support when I need it, most definitely. There are enough staff as far as I’m concerned. They never keep me waiting, including the night time.” One person’s relative said, “There seems to be enough staff. They take [person] out to town sometimes.” Another commented, “There always seems to be somebody there, they’re busy but there’s always someone there.”

The registered manager told us how each shift was staffed and this was confirmed in the staff rota which we reviewed. They told us that when numbers of people using the service increased, so would the staffing numbers.

People said that they did not feel rushed when being supported by staff. One person said, “They have a routine in the morning. They make my bed as well as get me up and going... I never feel rushed, I would tell them if they did.” Another person commented, “They never rush me, they’re ever so good to me.”

We reviewed the recruitment records for four staff members. Three had appropriate checks in place to make sure that they were suitable to work in care and were of good character. This safeguarded people who used the

service from being cared for and supported by staff who were not suitable and safe to work in care. However, one stated that the staff member’s previous employment was in an unrelated industry, there was no indication of what skills that they had to work in a care environment. In addition to this the two named references were from individuals living at the same address. We spoke with the registered manager about this and they said that records of international references sought were kept in the service’s head office. All records needed to be in the service for inspection. The registered manager told us that they would address this.

People told us that they were satisfied with the ways that they were provided with the medicines. One person said, “Yes, I get my medicine all okay.” Another person commented, “Spot on, 12 noon, all sorted.” Another person told us, “I always get my medication.” People’s relatives told us that they felt that people were supported with the medicines in a safe manner. We observed part of the medicines administration and saw that people were provided with their medicines in a safe manner. Medicines were given to people in an unrushed manner and the staff member offered the person a drink to take them with. One person told us that staff always checked that they had taken their medicines, which they always did, “They give them to you for your own good.” Records showed that medicines were provided to people at the prescribed times. Medicines were stored securely so they were kept safe but available to people when they were needed.

Is the service effective?

Our findings

Our previous inspection of 12 January 2015 found that improvements were needed to ensure that staff were trained and supported to meet people's needs, that people's consent was sought when providing care and treatment and how people's dietary needs were assessed and met. During our focussed inspection of 13 April 2015 we found that improvements had been made through the introduction of new and improved systems and training was ongoing. At this inspection of 24 September 2015 we checked that these improvements had been embedded and sustained over time to ensure people are provided with a consistently effective service.

Our observations identified improvements were still needed to ensure staff had the skills and knowledge to provide effective dementia care to enhance people's wellbeing. For example, the guidance given to staff on supporting a person with dementia who spent the day in bed was having a magazine to look at. During our time in the service this did not happen and there were no meaningful social interaction provided. It showed a lack of awareness of current best practice in supporting people, linked to their level of dementia. The service's Statement of Purpose talked about the service being able to meet the needs of people living with dementia and other degenerative conditions, however the staff were not able to demonstrate they had the depth of knowledge to understand, recognise and react to individuals to ensure that the care and support delivered had a positive impact on people's everyday lives and wellbeing. Staff were not all aware of best practice in this area and had limited relevant and practical training which could support them to improve and learn.

One person said, "They [staff] have a good routine. They are always polite. The team are methodical and they chat away while they get things done. They come between 7:30am and 8:30am which is good." However, one person's relative commented, "I'm not entirely convinced they have the skills but [person] is happy here." Another person's relative said, "Yes I think they have the necessary skills to deal with those people with dementia." Staff had been provided with and there were plans in place to provide further training, such as people's specific mental health conditions, but despite this being identified as a need at

previous inspections it had not yet been fully addressed in a timely manner. One staff member told us that they felt that they were provided with the training that they needed to meet people's needs, including how to use hoists safely.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the food in the service had improved, but there were still some varying comments of concern, which showed that further improvements were needed. This included that all catering staff being able to demonstrate they had fully understood the British cultural and traditional needs of the people who used the service. For example, we saw one satisfaction questionnaire which stated that people had been provided with lamb with pineapple, rather than the traditional dish of lamb and mint sauce for a meal. We discussed this with the registered manager and they told us that they were aware that this had been a problem and that on the menu lamb was to be served with mint sauce and gammon with pineapple. They said that they understood this was not what was planned and met with people's expectations. They were planning to speak with the catering staff and check if and why this had happened. Further comments had been received which related to people's culture not always being understood with regards to the food they were served.

Two people told us that they felt that the food was, "Not good," and, "Cheap." Other people said that the potatoes were always mashed and when they had raised this with the staff they had told them that it was so other people who had issues could eat it. We talked with the registered manager about providing variations on meals to people and they said this would be considered. One person commented that they sometimes just wanted a simple meal such as chips and egg but this was not provided. Chips were served once a week. We spoke with the registered manager about this and how people's choices and preferences were respected with regards to their diet. They told us that serving chips and egg may not be seen as a balanced and healthy meal.

Where people had been assessed as requiring snacks throughout the day, due to their condition and to maintain a healthy diet, these were not always provided. The only snacks on offer were either biscuits or cake at the set tea and coffee round.

Is the service effective?

We saw that where people required assistance to eat and drink, this was done at their own pace and in a calm way. Staff now encouraged people to eat their meals, when previously they had been removed without being eaten. This was helping to support people's nutritional intake and their overall wellbeing. However, one person who was living with dementia needed assistance in prompting to move their fork to their mouth, chew and swallow. This support was provided periodically by staff and their food became cold. Despite this staff returned to them and encouraged them to eat their cold meal. At no point did staff acknowledge that the meal may be cold and offer to warm it up for the person. We spoke with another person who commented that their condition did not allow them to maintain their independence when eating and they required staff to cut up their food, "I would like to be able to do it myself." We spoke with the registered manager and they had not considered and were not aware of equipment available to support this person's independence.

We saw that people were offered drinks throughout the day to ensure that the risks of them becoming dehydrated were minimised. However, we saw a person's cold drink had been put out of reach, the registered manager said it was due to the risk of them spilling it on them. Whilst this was reflected in their records no consideration had been given if a more suitable cup or specialist holder that could be provided, which would enable the person to drink and also promoted their independence without having to rely on staff.

This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records to monitor if people had enough to eat and drink had improved. They showed that people were weighed regularly, if required, and that when there had been issues, such as weight loss, the staff had sought support and guidance from a dietician. Risk assessments had been improved to guide staff on how to support people who were at risk of not eating or drinking enough.

Positive comments regarding the food from people included, "The food is very good, yes it's very, very good. It's

flexible here, I eat downstairs if I'm down there, otherwise I eat up here in my room," and, "Oh yes, good quality." One person told another person when eating their meal that it was, "Simple but tasty."

People were supported to maintain good health and staff sought assistance and guidance of health care professionals where required. A nurse practitioner regularly visited the service, which allowed people to speak with them about if they were not feeling well and/or for the staff to refer them to any concerns they had about people's wellbeing.

There had been improvements in the way that staff supervision meetings were recorded, which now showed that staff were able to discuss the ways that they worked, concerns and to receive feedback about their work practice. However, this was a recent improvement which needed to be embedded into practice and assessed by the registered manager and provider to check the effectiveness.

People told us that their consent was always sought before care or treatment were provided. One person said, "They ask me, 'are you ready to get up?' Sometimes I say no and they leave me and come back." Another person commented, "I like to get up early, about 7:30am. They're very good about that." Another told us, "I choose when I go to bed, if I'm watching something they'll always come back." We saw that staff sought people's consent before providing any support and staff acted in accordance with their wishes. For example, when supporting people to mobilise and with their food.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty (DoLS) which applies to care homes. Staff had been provided with training in Mental Capacity Act 2005 (MCA) and DoLS. The registered manager was up to date with MCA and DoLS and had made DoLS referrals where required to the appropriate professionals to ensure any restriction on people were lawful. People's care plans identified people's capacity to make decisions and guided staff on how they should gain people's consent.

Is the service caring?

Our findings

Our previous inspection of 12 January 2015 found that improvements were needed to ensure that people were treated with respect and that their privacy and dignity were promoted and respected. During our focussed inspection of 13 April 2015 we found that improvements had been made through the introduction of new and improved systems. At this inspection of 24 September 2015 we checked that these improvements had been embedded and sustained over time to ensure people are provided with a consistently caring service.

We observed staff speaking respectfully and reassuringly to people while lunch was being served. A person coughed and immediately a member of staff was there to help. As soon as the person recovered, their spectacles were cleaned and staff asked if they were okay. A few minutes after another member of staff checked again that they were fine. Staff spoke with people in a caring manner and took time to listen to what they had said. However, when there were exchanges between people that could be upsetting to some people, staff took no action to reassure them. We saw that this affected people because they were effectively being bullied by others but staff did not step in to support them. Staff did not have the skills to intervene and prevent this practice from happening.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that their privacy was respected, such as knocking on bedroom doors before entering and respecting people's person space and belongings. There were signs on toilet doors which showed when they were engaged to further ensure people's privacy. However, one toilet did not have a lock or sign and there was a hole where the lock should be. We showed this to the registered manager who said they would address it. Some practice meant we were concerned that there was a culture in the service which did not understand or recognise best practice. For example the manager asked a staff member to attend to something by opening the toilet door whilst the staff member was supporting a person using the facilities. This was inappropriate and disrespectful. Whilst we could

see that individual staff members were caring, some were unaware that their practice was out of date. In addition the manager did not lead by example and so therefore some practices had become unchallenged and normal practice.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the staff treated them with respect. One person said, "I am treated very well." One person's relative commented, "Yes I do think the staff interact in a respectful way." Another commented, "Respectful, oh yes they're respectful. I've never heard otherwise, they speak very nicely."

People told us that they and their relatives had been involved in planning their care and support and that the staff listened to what they said and their views were taken into account when their care was planned and reviewed. However, this was not clearly documented in their records, such as signing to show they had agreed with the contents and when and how people had made their preferences known. One person said, "I like to go to bed about 8:30 to 9 o'clock. They go along with what I want." Another commented, "I try to use my frame as much as I can but they know when I'm going downstairs to paint I like to be in my wheelchair so I can paint on a table over the front. It works well and saves me moving, they know what I like to do." Another person said, "Oh yes they listen. They fit in with your wishes as much as they can. I feel happy with the way I'm treated, my dignity is respected."

People's relatives also told us that they were asked for their views about their relative's care. One said that the person had been receiving care from another source prior to moving into the service, "I think they liaised with the home when [person] came in. [Relative] dealt with everything then." Another commented, "[Person] wouldn't be able to communicate. We had a meeting with the social worker when [person] came in here and I talk with the manager."

Staff spoke about people in a caring manner and told us that they knew about people's specific needs and experiences. One staff member said, "I treat the people here like my own."

Is the service responsive?

Our findings

Our previous inspection of 12 January 2015 found that improvements were needed in how care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. During our focussed inspection of 13 April 2015 we found that improvements had been made through the introduction of new and improved systems. At this inspection of 24 September 2015 we checked that these improvements had been embedded and sustained over time to ensure people are provided with a consistently responsive service.

People told us that they were provided with personalised support which met their needs and that the service responded when their needs changed. One person said, "I was ill when I came here a few weeks ago. With their help I'm getting stronger. They keep an eye on me so I'm now feeling able to stand and walk a step or two here in my room. I'm feeling more confident." Another person commented, "They know my needs are changing, I can't walk very well now." Another person told us, "They know me very well. They look after us all so well." One person's relative said, "[Person] likes to look nice and [person] always has a changed top on every day." Another commented, "I think [person] is treated individually."

People told us how they had equipment to maintain their independence, walking frames and the use of wheelchairs were commonly mentioned. One person said, "They encourage me to use my walking frame to stand up on my own. I go along to the toilet with my frame and them shadowing me rather than using a wheelchair." Another person commented, "I feel more confident as I've got a buzzer to call them if I need them." However, equipment had not been considered or made available for people to use when eating.

There had been some improvements made in how people's care was assessed and planned for and how staff were provided with guidance on how to meet people's needs. However, further improvements were needed to be more person centred, include the specific support provided to people and people's life experiences and how these affected them currently. For example one person was regularly visited by a priest, but this was not documented in their care records. Where a health professional had shown a person exercised to support their condition, this had not been incorporated into their care plan. There had

been the introduction of a moving and handling manual and relevant parts of the manual were included in care records. However, these were not personalised to the individual. This could lead to inappropriate and unsafe care. The use of language including, "Verbal commands" when identifying how staff should speak with people may not always be appropriate for each individual.

Each person had a daily record, which provided information on the support they had been given during that day and at night. The information focused on the care tasks undertaken, and not personalised to provide information about the quality of the person's day and their emotional wellbeing. This is especially important for people who stayed in their bedrooms, and the potential risk of loneliness and social isolation.

The registered manager told us that they had introduced 'resident of the day.' This included reviewing their care records and doing an individual activity of their choice. Records showed that people had chosen to do things such as going to the local town. Although this was positive to note, people would have to wait for up to a month until they were 'resident of the day' again. There were limited activities or social interaction, other than checks, available for people who were cared for in their bedrooms.

People were supported to maintain relationships with the people who were important to them. People and their relatives told us that there were no restrictions on the times that people could have visitors. One person's relative said, "Visitors can pop in when they like."

People told us that there had been some improvements in the activities provided in the service. One person said, "It's great the staff take me out up the road in a wheelchair. It hasn't happened for a while though as staff have been on holiday." Another person commented, "I have a good arrangement with the library. They come every two weeks and exchange my books. They know the sorts of things I like." Another person told us, "I don't want to go downstairs I'm fine here in my room. I like to chat and read my newspaper." Another said, "I've never painted before but I had a go and liked it. I painted butterflies which they sold at the sale [fete]. It was good fun. I enjoy dominoes and used to enjoy the seated exercises we used to do. The person left who did the exercises and I'm hoping they'll get someone else to come and we can do them again." They

Is the service responsive?

pointed out the string of painted butterflies hung up in their bedroom window. Another person commented, “They always come and tell me and I can choose if I go down or not.”

During our inspection we saw people participating in a range of activities, including watching television, reading newspapers, doing puzzles, playing cards and chatting to staff about their past. We saw one staff member working with two people playing indoor badminton. Both people enjoyed this and laughed when playing and speaking with the staff member. The staff member had taken a period of time to show one of the people, who was living with dementia, how to use the racket. However, another staff member came to take over and when the first staff member left, they asked if people had, “Enough,” and stopped the game. We spoke with the registered manager about this and they said they would find out why the activity was stopped when people were enjoying it. This showed that there was an inconsistency in staff approach. Some staff had positively engaged people in activities but others did not.

Two people told us that they had brought up the suggestion of being able to do some cooking during their ‘residents’ meeting. One person said “[Person] and I both said we wouldn’t mind doing a bit of cooking,” but had been told they were, “Not allowed in the kitchen,” which they said they were disappointed about. We spoke with the registered manager about this and they said consideration would be given to how they could involve people in cooking / meal preparation.

At previous inspections we saw that televisions and loud music had been playing in the same room. Which meant that there was lots of conflicting noise and could be distressing to people, particularly those who were living with dementia. During this inspection there were two television sets on and people were asked if they wanted the music on. People said that they did not, however, when we were leaving the room we saw another staff member put on the loud music and start dancing. We told the registered manager that only ten minutes earlier people had said they did not want the music on and this staff member had not asked. People were again asked and said they did not want it on. This showed that there was an inconsistency in staff approach and how they considered the needs of people who used the service, including the conflicting sounds in the same room.

People and their relatives told us that they would have no hesitation in reporting concerns and complaints. One person said, “There would be no need. They’re very good.” Another person said, “I would tell them if things weren’t right.” Another commented, “I have two very good friends who speak for me. They make sure things go right.”

Records of complaints showed that they were addressed in a timely manner and used to improve the service. For example speaking with staff when there had been a complaint about the catering. An audit on complaints was being actioned by the quality manager, this would help to identify any trends and how they could be used in ongoing improvement in the service.

Is the service well-led?

Our findings

Our previous inspection of 12 January 2015 found that improvements were needed to ensure that the service's quality assurance systems ensured that people were provided with a good quality service. During our focussed inspection of 13 April 2015 we found that improvements had been made through the introduction of new and improved systems.

At this inspection of 24 September 2015 we found that although some improvements had been made there were still significant shortfalls in the quality of the service being provided. The leadership were continuing to fail to ensure that the service was being run in the best interests of people who used it. As a nursing and residential service there was a lack of knowledge and promotion of best practice embedded and sustained over time to ensure people were provided with a consistently well-led service.

The registered manager told us and records confirmed that they attended monthly quality meetings with the provider and quality assurance manager to further discuss the service, identify shortfalls and how these were to be addressed. This allowed them to identify when improvements had been made and plan future improvements. Plans were in place to review and update the service's policies and procedures. Records showed how incidents such as accidents and falls were monitored and used to improve the service. A system was in place to identify trends and take action to reduce the risks of incidents reoccurring. The registered manager told us that a new system was being introduced which allowed them to do spot checks on staff practice to ensure people were provided with good quality care.

Despite the changes in quality assurance there were still serious inconsistencies in the quality of the service provided overall. This was found throughout the service for example in differences in staff approach, skills and understanding of the needs people in their care, the understanding of best practice within care and nursing homes to promote people's independence and look for solutions and recognise and react to social isolation. Some improvements were made but they did not go far enough to ensure that the whole culture of the service improved and that staff understood their ethos, aims and objectives.

The registered manager did not lead by example and had not recognised simple actions to support people and their needs. Their own approach did not show knowledge of best practice and an ability to ensure that the service was providing a high quality service. They had also failed to recognise poor practice. For example they told us about a, "Private arrangement" where cash was being exchanged between staff and a person using the service. This was not properly documented and there were no policies and procedures in place to support these practices. This put the person at risk and equally staff were also putting themselves in a vulnerable position.

The quality assurance systems had not identified equipment that people needed to maintain their independence whilst eating, how to support people, when the behaviours of others upset them and how the experiences of people living with dementia could be improved. We were concerned that despite the previous rating of inadequate the service's quality assurance systems had not independently picked up on these shortfalls.

The provider and registered manager had attempted to make improvements, however whilst some areas of the service had seen some positive changes the overall result was inconsistent and they were unable to demonstrate they could support people who had more complex care needs. In addition they could not ensure that practices used were up to date, reflected current guidelines and were effective to ensure people received care that was of a high quality and effective to meet their needs. The provider had significant support from the local authority to help with changes needed including training and advice in dignity and moving and handling. We were not confident the provider could ensure this was sustained independently without the need for intervention from other agencies.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite our ongoing concerns people told us they had seen improvements in the way the service was being managed. One person said, "They're on the ball. Well managed." Another commented, "I know the manager, she often pops in for a chat." Another person told us, "The matron asks if everything is okay." One person's relative said that they knew who the management team were and that they were approachable. Another commented, "The management are pretty good throughout and accessible".

Is the service well-led?

People were provided with the opportunity to express their views about the service provided. The registered manager told us how they were using people's comments to improve the service and were undertaking satisfaction surveys with people and their relatives. Minutes meetings showed that people and their relatives discussed their satisfaction of the service and made suggestions for improvements, such as

with activities and meals. People were reminded how to raise complaints in this meeting. The registered manager told us that they had taken action, such as reviewed menus and spoke with the catering staff following people's comments. However, one person's relative felt that the comments that they had made in meetings were not addressed.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Staff were not provided with the training and skills that they needed to meet the needs of the people who use the service effectively. Regulation 18 (1) (2) (a).

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs
People's nutritional and hydration needs are not being met. This includes with regards to the support people who use the service need and their choice and cultural needs. Regulation 14 (1) (2) (a) (b) (4) (a) (c) (d).

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
The privacy of people who used the service was not always respected. Regulation 10 (1) (2) (a).

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The provider's quality assurance systems were not robust enough to independently assess, monitor and mitigate risks to people using the service. Regulation 17 (1) (2) (a) (b) (f).